

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/509828**

FILING DATE

APPLICANT(S)

CLAIMS

	ORIGINAL CLAIM		INDEPENDENT CLAIM		DEPENDENT CLAIM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3			
TOTAL DEP.	61		23			
TOTAL CLAIMS	64		25			

	ORIGINAL CLAIM		INDEPENDENT CLAIM		DEPENDENT CLAIM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY